## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/524162
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 AMENDMENT			AS I	AS FILED		AFTER		AFTER	
	IŅD.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL DEP.	32	<b>4</b>		<b>43</b>		<b>4</b> =	TOTAL	DEP	<b>4=</b>		<b>₫</b> EE		<b>♦</b> =	
TOTAL CLAIMS	35						TOTA							